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Original Research

England's Healthy Living Pharmacy (HLP) initiative: Facilitating the engagement of pharmacy support staff in public health

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Background: The concept of the Healthy Living Pharmacy (HLP) in England was first piloted in Portsmouth in 2010. HLPs proactively promote health and wellbeing, offering brief advice, services or signposting on a range of health issues such as smoking, physical activity, sexual health, healthy eating and alcohol consumption.

Objectives: To explore the views and attitudes of pharmacy support staff on the Healthy Living Pharmacy (HLP) initiative.

Methods: Qualitative semi-structured, face-to-face interviews were conducted with pharmacy support staff recruited from community pharmacies involved in the HLP initiative in the Northumberland region of England. A topic guide was developed which underwent face validity testing and piloting with one participant. Interviews were audio recorded, transcribed verbatim and analyzed using framework technique.

Results: A total of 21 pharmacy support staff from 12 HLPs participated in the study. Results suggest that involving pharmacy support staff at very early stages of the HLP planning process drives their motivation for service delivery. Level of engagement with HLP services was often related to support staff roles within pharmacy. Integration of public health roles with routine pharmacy activities was perceived to be more suited to pharmacy counter based roles than dispensing roles. Further training needs were identified around how to proactively deliver public health advice, mainly in service areas perceived 'difficult' by the participants, such as weight management. A total of 19 facilitators/barriers were identified from the data including training, access to information, client feedback, availability of space and facilities within pharmacies, time and competing priorities.

Conclusions: Pharmacy support staff engagement with the HLP initiative can be promoted by involving them from the outset of the service introduction process. Support staff might benefit from targeted training around certain public health areas within the HLP initiative. Facilitators/barriers identified in this study will inform development and further roll out of HLP initiative in wider areas.

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Keywords: Community pharmacy; Healthy Living Pharmacy; Pharmacy support staff; Public health

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Introduction

The role of community pharmacy in public health in England was formalized in the 2005 National Health Service (NHS) community pharmacy contractual framework.¹ The contractual framework lists ‘Promotion of Healthy Lifestyles (Public Health Campaigns)’ amongst the essential services (Box 1). Essential services are required to be offered by every community pharmacy. Promotion of healthy lifestyles includes both opportunistic advice and targeted health promotion campaigns through pharmacy. In addition, signposting individuals to appropriate points of health services and promoting self-care and self-management are also included under essential services.¹

The concept of a Healthy Living Pharmacy (HLP) was first piloted in seven pharmacies in Portsmouth between 2009 and 2010.² The objective of an HLP is to proactively promote healthy living and wellbeing through the pharmacy

team, as well as deliver high quality patient care. Specific features of HLP pharmacies include:³

- Achieving defined quality criteria requirements and meeting productivity targets linked to local health needs e.g. a defined number of stop smoking quits at 4 weeks.
- A team in the pharmacy that proactively promotes health and wellbeing and proactively offers brief advice on a range of health issues such as smoking, physical activity, sexual health, healthy eating and alcohol consumption.
- At least one trained Healthy Living Pharmacy Champion (HLPC).
- Recognition by the public as a provider of health information.

Since 1st April 2013, commissioning of pharmacy services which support public health has been the responsibility of public health teams in Local Authorities. When it was designed, the HLP commissioning framework aimed to build on existing core pharmacy services (essential and advanced) along with a series of additional services which are commissioned depending on the needs of the local population. This enables commissioners to accredit HLPs at different levels depending on their delivery of public health services. Level 1 enables utilization of some common locally commissioned services, for example smoking cessation with Level 3 pharmacies offering more specialist public health services such as prescribing clinics.² Other services that could be commissioned and delivered by HLPs include weight management, alcohol misuse screening and advice, emergency hormonal contraception, and sexually transmitted infection screening, and needle exchange schemes for substance misuse. In particular tackling health inequality remains one of the key objectives of HLPs. HLPCs are members of the pharmacy team who are trained and accredited through a structured training program to provide customers with health and wellbeing advice.

The HLP initiative is reflective of national policy drivers that emphasize the promotion of public health through pharmacy.⁴ In particular, the focus on making “every contact count” has highlighted the need for all health care professionals to use all opportunities to promote health and wellbeing.⁵

Evaluation of the HLP model was conducted during 2011/12 using all 36 pharmacies in Portsmouth area (of which 17 were HLPs).² Over a one-year period, the evaluation suggested that HLPs ranked higher than non-HLP pharmacies in terms of the range of public health services

Box 1. NHS (Pharmaceutical Services) Regulations 2005 in England¹

A. Essential services and clinical

governance: Essential services are provided by all pharmacy contractors and are commissioned by NHS England. Examples include dispensing, disposal of unwanted medicines and public health. Clinical governance includes patient safety incident reporting, an information governance program, patient and public involvement in service delivery and premises requirements.

B. Advanced services: These are provided by all contractors once accreditation requirements have been met and are commissioned by NHS England. Examples include Medicines Use Reviews and the New Medicine Service.

C. Locally commissioned enhanced services: These are commissioned by Local Authorities, Clinical Commissioning Groups and NHS England in response to the needs of the local population.

Examples include anti-coagulant service and minor ailments service.

offered and associated patient outcomes, for example, four week quit rates for the smoking cessation service offered through pharmacy.

Following the pilot, the HLP program was rolled out to a further twenty pathfinder sites across England.⁶ Evaluation of experiences of patients who had utilized an HLP service ($n = 1034$, response rate unclear) suggested that a high majority (99%) of the respondents were comfortable accessing public health services through HLPs with 98% rating the quality of the service they had received as being good or excellent.

The HLP initiative aims to better utilize pharmacy staff for the delivery of public health services.⁶ However, perspectives of pharmacy support staff around the HLP model remains poorly researched. Brown et al² in their evaluation of the pilot HLP service interviewed HLPCs and other support staff ($n = 13$). Staff motivation, good client rapport, and effective team working were identified as key service facilitators. Lack of: staff time, public awareness and appropriate incentives were some of the key barriers to service provision. Since the wider roll out of the HLP service, there is a dearth of published literature exploring support staff perspectives on the HLP initiative, and in particular evaluations exploring the views of support staff other than HLPCs. Being at the forefront of service delivery, understanding perspectives of pharmacy support staff, both HLPCs and non-HLCs is imperative to inform future service delivery. This study aimed to explore the views, attitudes and perception of pharmacy support staff on the HLP initiative. Specific objectives were as follows:

- To identify facilitators and barriers to involvement in the HLP initiative from pharmacy support staff's perspectives.
- To understand from pharmacy support staff's perspective, whether their involvement in public health related activities had changed since their pharmacy's engagement with the HLP initiative.
- To explore if and how pharmacy support staff have integrated public health activities as defined by the HLP initiative into their overall role and wider responsibilities.

Methods

This study adopted a qualitative face-to-face semi-structured interview design. A list of all the

pharmacies and pharmacists within Northumberland County Council who were accredited as a Level 1 HLP (providing either smoking cessation or sexual health as a locally commissioned service and had at least one trained HLPC), was obtained from the Community Pharmacy Development Lead from North of Tyne Local Pharmaceutical Committee (LPC). Pharmacists were contacted by telephone by the study researcher (GD). A brief explanation of the study was provided and if they were willing for their support staff to be involved in the research, pharmacists were asked to initially nominate up to three support staff to participate. A participant information sheet and a nomination form were sent electronically to the pharmacists after the telephone call. Pharmacists were asked to approach their support staff and with their agreement, nominate them for participation using the form and return this to the researcher. Diversity in participant demography was sought, with the researcher emphasizing to pharmacists the desire for participation by support staff with a range of experience and roles including HLPCs.

Following receipt of nomination forms, participant information sheets and consent forms were directly sent to the nominated pharmacy support staff by post. Written consent forms were then returned to the researcher prior to interview. A topic guide ([Appendix 1](#)) was developed based on the currently available literature in accordance with the project's aims and objectives. The topic guide underwent face validity testing with the Community Pharmacy Development Lead for North of Tyne LPC and the Public Health Manager at Northumberland County Council. A pilot interview was also conducted with one member of pharmacy support staff. No changes to the topic guide were suggested through the validation and piloting process. The pilot interview was hence analyzed together with the main study interviews.

Demographic information was collected from each participant prior to the interviews. Interviews were audio recorded and transcribed verbatim. Each interview lasted approximately 30 min. The framework approach was used to analyze the data, and supported by NVivo10 (©QSR International). The framework technique is named from the 'thematic framework' where data are categorized into a matrix system based on emergent themes and subthemes.⁷ A thematic coding framework was developed based on the research aims and objectives, topic guide, and emergent themes following familiarization with the data. The thematic framework included both

parent themes and subthemes which were identified from the development of the thematic framework. Data were then indexed, coding transcripts deductively based on the thematic framework. Charts were created from the thematic framework and using quotations from the data following coding. The charts were then used to map the range of the phenomena identified, find associations between the themes and interpret the findings. Duplicate and independent analysis of one transcript was undertaken by VP and identified no issues to be resolved with either the thematic framework or its systematic application to the data. Data saturation led to termination of recruitment and any further interviews.

The study was approved by Robert Gordon University, School of Pharmacy and Life Sciences Ethics committee. The National Health Service Research Ethics Committee, North East England advised that full ethical submission was not required.

Results

Twenty-one interviews were conducted with participants from across 12 HLPs. The majority of participants were over 40 years ($n = 17$) (Table 1). All were female and of White British ethnicity. Nine participants had the role of medicines counter assistants (MCAs) in their pharmacy and the majority were HLPCs ($n = 16$) (Table 1).

Key themes

Key themes identified in the data are presented in this section.

Process of recognition as an HLP

Participants expressed their views on the process of their pharmacy becoming accredited as an HLP. A few participants expressed that the process and decision to become an HLP was a collaborative process within the pharmacy team and this had led to a higher level of motivation and perceived ownership attached to the HLP identity.

“... [the pharmacist] who was the manager at the time sort of erm, had a chat with us, all the staff, went through what we were doing, why we were going to apply to become a healthy living pharmacy...” HLPC, DA, Independent

Table 1
Participant demography

Demographic characteristics	Number of participants (n)
Age range (years, $n = 21$)	
<30	4
30–39	0
40–49	6
50–59	8
60–69	3
Ethnicity ($n = 21$)	
White British	21
Sex ($n = 21$)	
Female	21
Education ($n = 21$)	
Secondary school	12
Further education	7
Higher education	2
Job role in pharmacy ($n = 21$)	
Medicines Counter Assistants (MCAs)	9
Dispensing Assistants (DA)	6
Pharmacy Technician (PT)	4
Accuracy Checking Technicians (ACT)	2
Work hours (per week, $n = 21$)	
<16	0
16–29	15
30–39	6
40–45	0
>45	0
HLP champion status ($n = 21$)	
HLP champion	16
Others	5
Pharmacy ownership ($n = 21$)	
Independent	5
Small chain (2–5 pharmacies)	4
National multiple	12

HLP, Healthy Living Pharmacy.

Whereas others mentioned the application process as being mostly led by the pharmacist, with most participants having no insight as to the how their pharmacy became involved.

“I don’t know if we were invited to become a healthy pharmacy, or we, we erm, proposed that we would or ... Or what I don’t know.” Non-HLPC, PT, Independent

Undergoing the Royal Society of Public Health training program was identified as a key milestone to becoming a Level 1 HLP. Whilst some participants described the training as useful, most participants felt that they hadn’t gained the skills to put the knowledge into practice to deliver interventions to their clients.

“... we went on a two-day course where I’ve, they explained a lot about people’s backgrounds, and how backgrounds can affect people’s like health and social, communication skills and all that kinda stuff, erm, but that, I would say that was pretty much it. There wasn’t an awful lot about what kinda things you’d be doing, erm, how you approach different subjects like, obesity and that kind of thing. How, how can you prompt somebody without disheartening them or making them a bit upset.” HLPC, PT, Independent

A couple of participants reflected on their own health and lifestyle as a result of the HLP training and some subsequently modified their diets and increased the amount of physical activity they undertook in order to strive for a healthy lifestyle. For a couple of participants, this subsequently had a perceived impact on the interventions they delivered to patients.

“... I mean I’ve only been going to this gym, erm, it’s like a health start one, I would say about six weeks now, and initially I thought oh, I don’t know if this is doing me any good, but I have felt I’ve got more energy, I have felt like me concentration, that was better ... so, it’s made us realize the benefits of maybe doing a little bit of exercise. And, so that would be things I would pass on, and I have passed on if the opportunity arise-, y’know arose.” HLPC, MCA, National multiple

A few participants described a review of pharmacy stock-holding as part of becoming a healthy living pharmacy including removal of items such as sweets from the pharmacy counter area and re-organization of pharmacy layout to emphasize the health functionality of the pharmacy.

Services offered and general views on the healthy living pharmacy concept

Participants described availability of a wide range of public health pharmacy services or advice giving around smoking cessation, emergency hormonal contraception, blood pressure measurement, capillary testing for blood glucose and cholesterol, flu vaccination and travel clinics as part of the HLP delivery. Most participants were positive about the concept, and this was often linked with the opportunity to offer advice around public health and being able to refer clients to other service providers.

“... I mean it’s got to be a good idea if it’s gonna help people. And even if you get like two or three people who you can direct somewhere, it’s,

it’s been worth it.” HLPC, MCA, National multiple

A few participants perceived delivery of public health campaigns as the main new activity in their pharmacy since becoming an HLP. For others it was mainly an increased emphasis on public health interventions, although most described little change to their everyday activity.

“Well, I mean we promote healthy living as a matter of course anyway, it’s not something that’s, I think really you need the training to go and do because if somebody comes in and they’ve got a problem, whether it’s to do with smoking, obesity, y’know, if they want advice and are open to advice, we give advice anyway ... ” HLPC, DA, National multiple

Long term sustainability was an issue for one participant who raised concern about the lack of long term successes of previous pharmacy services.

“... over the years [I’ve] been to meetings, been to, they come up every so often, these brilliant ideas and then after a couple of years it just takes a back seat and then they bring something else out. Erm so no, basically I wasn’t very impressed with it all.” HLPC, PT, Small chain

Integration of HLP into routine pharmacy activities

Many examples of integration of public health advice or interventions were presented by participants. Frequently this was advice when conducting over-the-counter sales for medicines or other items such as weight loss products. Integration of the HLP initiative into dispensing activities was less cited.

“... Nicorette lozenges or patches. Y’know, if they’re buying anything like that. Or if they’re kinda hovering around that area you go and approach them and, and ask them if they’re interested in giving them up, or if they’ve tried before ... Same with like er losing weight if they’re sort of by the slimfast drinks and things. If you approach them and ask them if they need any help and take it from there and ask them.” Non-HLPC, MCA, National multiple

Other examples included advising patients about codeine dependence with requests for codeine-containing medicines, promoting a diabetic foot care campaign, and clients browsing through health promotion materials within the pharmacy when waiting for prescriptions which could lead to an intervention.

Influencing client behavior changes

Participants described their experiences with regards to influencing behavior changes amongst clients around healthy living. Having previous acquaintance with clients and being located in a rural setting were deemed by some participants to be a positive factor in proactively initiating healthy living conversation.

“... the culture of the village is, is more that you do chat to people rather than just y’know, put something in a bag and take their money.” HLPC, DA, National multiple

However, others described that previous acquaintance with clients didn’t always make lifestyle conversations easier. For these participants, topic under discussion and the individual client were the key factors.

“... looking it from me as a customer’s point of view, if they were to come in to the pharmacy and say they wanted, I don’t know, like Plan B [EHC service] or something like that, they might walk into the pharmacy and think. Oh God, it’s [the staff member], and I’ve known her for ten years and she’s gonna tell my mother and my grandmother, my auntie, my dad, my boyfriend ...” HLPC, DA, National multiple

Participants described getting their clients to translate advice into practice was the most challenging aspect of some of the public health advice.

“... You can say as much as you want to people but unless they really want to do it their-selves, they’re not gonna do it.” HLPC, PT, Small chain

Interventions around alcohol consumption and obesity were described by most participants as ‘difficult’ topics to broach with customers and often described these areas being out with the remit of the pharmacy. Interventions around smoking were generally regarded as being relatively ‘easier’.

“... making people aware of healthy eating and exercise but I think that’s something that’s quite hard to try and preach to someone I think those are the hardest two things. Whereas smoking, because we offer the service, it’s the stop smoking service, that’s a lot easier.” Non-HLPC, MCA, Small chain

Other topics which were considered by participants to be difficult were men’s health (predominantly due to a large female workforce), cardiovascular health, sexual health (due to a perceived discrepancy between the target demographics of such advice compared to regular pharmacy clientele) and mental health.

Some participants also had qualities which seemed to facilitate their health promotion activities. Sometimes these were overtly described by participants; others were implied from descriptions of their work. These qualities included resilience when experiencing negative feedback when attempting to make interventions, good communication skills and enthusiasm for delivering public health interventions.

“... we reached the decision that the counter assistant and myself should be doing [the HLP champion role], the counter assistant because she was the one that was in the most hours on the counter, and myself because obviously I’m quite a confident person ...” HLPC, DA, National Multiple

Feedback from clients

A few participants described feedback from individual clients based on campaigns or individual interventions and this was noted to often be very positive.

“We’ve had one guy who’s discovered that he has prostate cancer because we did a cancer campaign and he picked up some leaflets and he fed back to us that y’know, “Thank you very much” ...” HLPC, DA, National multiple

Whereas others described receiving little or no feedback from clients about the HLP initiative. Some of them however, suggested that the HLP program had made the general public more aware of what was available from pharmacies. A couple of participants also expressed that it would possibly take more time before the impact of the HLP program would be felt.

Barriers and facilitators to service provision

A total of 19 facilitators and barriers were identified from the interviews (Table 2). Key barriers and facilitators are described in this section.

Access to information

Access to information was perceived by participants to be key to the provision of the HLP program. Participants often expressed confusion with regards to the depth of interventions that they were expected to provide within certain HLP activities, for example, weight loss interventions.

“... really you don’t know where to send anybody. I mean you can send them to erm, what do you call it, weight, weight watchers and

Table 2
Facilitators/barriers to HLP delivery

Barriers and facilitators	Exemplar quotes
Health promotion materials ^a	“... we were doing the young people’s sexual health [in the pharmacy] anyway, so I had some booklets and there was nice little that had all sorts of information on and gave you all the details about the different contraception things so, I gave her one of those and told where she could find further information from.” HLPC, DA, Independent
Brief nature of interventions ^a	“... we can spend three, five min and direct them, about sort of various things y’know whether the problem is eating, alcohol, physical activity ...” HLPC, MCA, National multiple
Teamwork and communication ^a	“... we try to have meetings within the pharmacy at least once a month ... I try to sort of give an update of where we are and things that I would like people to do ... like at the moment doing flu jabs ... it’s just making everybody more aware within the staff [in the pharmacy]. And getting everybody singing from the same hymn sheet.” HLPC, DA, Independent “It would help to get [the pharmacy team] all together, but they’re never all together.” HLP, DA, National Multiple
Participant awareness around expected outcomes of HLP program	“Just to try and make people aware of y’know the risks that are involved with y’know, your smoking, your heart, things like that y’know? Exercise, trying y’know tell them to get exercise and, or even if they can’t do exercise as such, go out for a short walk or things like that.” HLPC, DA, National Multiple “... well we’re doing, we’re doing the monthly campaigns, and to be perfectly honest I don’t know what else they expect us to do.” HLPC, DA, National Multiple
Staff access to information	“I got a massive amount of information off the NHS website, and then, that was sort of like a regional thing and I’ve just been trying to put more things together that are more local to us.” HLPC, DA, Independent “... cancer prevention and all that y’know, where do you send them? What do you tell them?” HLPC, MCA, Small chain
Training	“I mean a lot of it [on the RSPH training] you knew, and it was obvious, but there was, y’know a lot of things that you didn’t know and it drew your attention to. And showed you how to approach people, what was the best way to approach people y’know and listen to them and direct them and that ...” HLPC, MCA, National multiple “... we found that having some kind of training in initiating the conversation with the customers was missing.” HLPC, MCA, National Multiple
Nature of HLP delivery	“... making people aware of healthy eating and exercise but I think that’s something that’s quite hard to try and preach to someone I think those are the hardest two things. Whereas smoking, because we offer the service, it’s the stop smoking service, that’s a lot easier.” Non-HLPC, MCA, Small chain
Leadership within the pharmacy	“... [The pharmacist is] quite good for keeping up to date with different campaigns that’s are going on and should we be doing this?” Or, but on the other hand he’s quite happy for us sort of look through the list and kind of say “Right, if that’s what you want to do, you go.” HLPC, PT, Independent “... because we can’t obviously go and do things without her [pharmacist] say so. I think she would have to organize it [HLP activity] and then everybody else follow through.” Non-HLPC, PT, National multiple
Participants previous experience of public health service delivery ^a	“The needle exchange it was because I’ve worked in a pharmacy prior which did needle exchange, and I was aware of [the local sexual health clinic] because, well, we’ve just dealt with them before and I just, that they’re there and things like that.” Non-HLPC, PT, Independent
Time/Competing or synergistic work priorities	“... in the future, possibly those pharmacies who were healthy living pharmacies and were prepared to sort of go that little bit extra, that extra mile, erm would if there was any further new services came out, that we would be able to do those and it was just about, sort of progressing with your pharmacy.” HLPC, DA, Independent

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Table 2 (continued)

Barriers and facilitators	Exemplar quotes
Availability of in-pharmacy services to deliver further interventions	<p>“You’ve got a customer in and you don’t always have time to speak to them [about healthy lifestyles]. Y’know, because there’s somebody else standing behind or, the phone’s ringing and, or somebody’s having their lunch. Y’know what I mean?” HLPC, DA, Independent</p> <p>“... you’ve got your smoking, we’ve got the Plan B, at the moment we’re running a bit thing on the flu and we can do the flu vaccines, so it’s quite easy to signpost to in-store.” HLPC, DA, National multiple</p> <p>“... we do sell quite a lot of the smoking cessation but we don’t actually have anybody that, that does that here ... if we had, had the service it would be easier, but we don’t.” HLPC, DA, National multiple</p>
Perceived demand from clients for public health interventions	<p>“... well it’s [weight management] not something people would outright come to the counter for, where smoking you would. So if they’ve got like, I think the example that they [the RSPH trainers] used was a chesty cough bottle, and they get talking about “Well I must cut these tabs down” and then you say “Well, we do offer ... ” It’s that, do you know what I mean? It’s like, nobody would come up saying well your weight and things. That’s what I think anyway.” HLPC, DA, Independent</p>
Public awareness of the service	<p>“... it’s called <i>The [village] news</i> and it’s sent out I think every two months, every month, and [the pharmacy manager] does an article in that every month, so he put in a big article about the healthy living. We did get a lot of people comment on it.” HLPC, DA, Independent</p> <p>“There’s a poster in the window to say that this is a healthy living pharmacy but I’m not sure that the public would know what that meant.” Non-HLPC, PT, Independent</p>
Rural setting	<p>“... the culture of the village is, is more that you do chat to people rather than just y’know, put something in a bag and take their money.” HLPC, DA, National multiple</p> <p>“It’s quite a rural area and quite a lot, lot of older people, and like there was something that we got sent through the post about, how to inject heroin safely, which is a good thing to know, but it’s not right for this area, because I, y’know, we may well have heroin users but I think they’re very few and far between in, in this area and I think for a lot of our older customers, looking up and seeing that poster would be quite offensive.” HLPC, PT, National multiple</p>
Relationship with pharmacy clients	<p>“... the person’s more willing to talk to somebody that they see on a regular basis rather than to a perfect stranger. I mean it, it depends, I mean somebody with a very personal health problem that they maybe find embarrassing, I think [he/she] probably finds it easier to speak to a stranger. But for general sort of, lifestyle ... they’ll mention it, whereas if you don’t have a relationship with somebody I don’t think er, that kind of things comes up.” HLPC, DA, National multiple</p>
Qualities of individual support staff ^a	<p>“... we reached the decision that the counter assistant and myself should be doing [the HLP champion role], the counter assistant because she was the one that was in the most hours on the counter, and myself because obviously I’m quite a confident person ... ”</p>
Support staff role within pharmacy	<p>“I think if you’re on the counter, you’ve got more opportunity. Certainly than when you’re dispensing, because when you’re dispensing its head down, get on with things y’know. It’s, and you’ve got to concentrate on what you’re doing, so ... It is a little bit more difficult.” HLPC, DA, Independent</p>
Multidisciplinary team ^b	<p>“... I mean maybe GP surgeries. If y’know, it was promoted there that people could get healthy living advice from the pharmacy maybe that would’ve erm, would be helpful.” HLPC, DA, National multiple</p>
Physical space within the pharmacy ^b	<p>“... when you’re trying to speak to somebody there’s usually somebody in here [consultation room], there’s usually other people at the counter, so it’s, it’s not the easiest place to have a chat with somebody.” HLPC, DA, National multiple</p>

^a Items described only as a facilitator.^b Items described only as a barrier. See [Results](#) section for elaboration of themes.

things like that but I mean, and the stop smoking we do here, but I mean cancer prevention and all that y'know, where do you send them? What do you tell them?" HLPC, MCA, Small chain

Teamwork and communication

Having a good channel of communication within the pharmacy team was cited by some participants as an enabler of HLP activity. However, some participants also reported problems in cascading information within the pharmacy, and this was mainly in relation to staff being in the pharmacy at different times, making face-to-face communication difficult.

"It would help to get [the pharmacy team] all together, but they're never all together." HLPC, DA, National Multiple

Time and other competing priorities

Lack of adequate time, especially due to the administrative aspect of HLP delivery, such as record keeping, was the most commonly reported barrier to service provision. The use of brief interventions as a format for delivering public health was described by most participants as being a good approach to HLP activity both in terms of only a small amount of time being taken up, and as a way of integrating public health with other pharmacy day-to-day activities. Services which were deemed to return financial rewards to pharmacy more promptly were regarded by participants as the priority where lack of time was cited as a barrier to HLP service provision.

"... the staff's quite paired back, there's just things that are deemed more important because of the immediate financial reward I suppose." HLPC, MCA, National multiple

Client demand for the service

Participants seemed to feel comfortable delivering public health interventions for which they perceived a demand from their pharmacy clientele, and the area that was considered to be most in demand was support for smoking cessation.

"... if they've [clients] got like, I think the example that they [the RSPH trainers] used was a chesty cough bottle, and they get talking about" Well I must cut these tabs [cigarettes] down "and then you say "Well, we do offer ..." It's that, d'you know what I mean? It's like, nobody would come up saying well your weight and things.

That's what I think anyway." HLPC, DA, Independent

Participants regarded HLP activities being more effective when further interventions could be delivered in-store, such as with smoking cessation. However, one participant described being in close proximity to a general practice meant that not having a service within the pharmacy wasn't necessarily a barrier. Those without in-store services also described that having the services available in store would make it easier to signpost patients.

Facilities

Having limited access to a consultation room or quiet areas of the pharmacy where support staff could have confidential conversations with pharmacy clients around health was also described as a barrier to public health activity by a couple of participants.

"... when you're trying to speak to somebody there's usually somebody in here [consultation room], there's usually other people at the counter, so it's, it's not the easiest place to have a chat with somebody." HLPC, DA, National multiple

Public awareness

Lack of public awareness of the HLP program was seen as a barrier to HLP activity by a number of participants. Most participants discussed using health promotion materials such as posters and leaflets to facilitate running their public health campaigns.

"There's a poster in the window to say that this is a healthy living pharmacy but I'm not sure that the public would know what that meant." Non-HLPC, PT, Independent

Support staff role within pharmacy

Having a dispensary based role was universally seen as being a barrier to having the opportunities for healthy lifestyle conversations compared to the role of medicines counter assistants.

"I think if you're on the counter, you've got more opportunity. Certainly than when you're dispensing, cos when you're dispensing its head down, get on with things y'know. It's, and you've gotta concentrate on what you're doing, so ... it is a little bit more difficult." HLPC, DA, Independent

Discussion

Discussion of key findings

This study investigated the perspective of pharmacy support staff around the HLP initiative in the Northumberland region of England. Themes identified point to inter-linked key elements which contribute to the success or otherwise of utilizing support staff for the delivery of the Healthy Living Pharmacy initiative.

Results suggest that engagement with the HLP program by pharmacy support staff is key to the delivery of the HLP initiative. Support staff engagement seems to have been driven as identified in this study through various ways including: reflection on own health behaviors followed by action to improve own health, relationships with pharmacy clients, positive feedback where available and motivation to improve client health.

The findings demonstrate the challenges associated with contextualization of public health activities for community pharmacy support staff, especially where there is a lack of in-pharmacy services. There were also gaps identified in knowledge around what services were available for staff to signpost their clients to. Further training opportunities might overcome this barrier. Further training needs were also identified around proactively offering public health services to pharmacy clients as identified by previous evaluations.^{8,9}

This study also highlights some of the challenges associated with utilizing the HLP concept within a rural environment. It is known from the literature that large geography covered by the HLP commissioning bodies affected their ability to deliver training sessions and localize public health intelligence information.² In a rural environment where pharmacy support staff tend to be generally more acquainted with their clients, such relationships could result in a barrier to the delivery of certain public health services. This phenomenon has been identified in other evaluations.⁹ However, participants in this study also described staff acquaintance with the clients as a potential facilitator to service provision.

The results also provide some evidence of integration of HLP delivery by participants into routine pharmacy activities. A potential link between the roles of support staff within pharmacy to the level of engagement with the HLP initiative was also identified in this study. The HLP

framework does not make reference to what types of traditional pharmacy role (MCA, DA, pharmacy technician) lend themselves best to the role of HLPC. This study suggests that MCAs have been able to integrate public health activities much easier than their dispensary based colleagues. However, there is much potential for public health interventions to be linked with dispensing, for example during the dispensing of medicines for long term conditions. This was identified by HLPCs in another study where participants described linking health promotion activities to dispensed medicines for respiratory and cardiovascular conditions.⁹

Results suggest that presence of dedicated health promotion areas within pharmacies and public health campaigns benefits HLP delivery. Lack of privacy and adequate space within pharmacy as identified in this study has been cited as a barrier to wider service provision not limited to the delivery of public health services.¹⁰ Availability of in-pharmacy services was described by support staff as an important facilitator to offering proactive public health advice. Getting more pharmacies to offer wider public health services requires collaboration from pharmacy contractors and commissioners.⁶

There were certain aspects of HLP services where participants felt less comfortable offering these to their clients. This was described with the provision of alcohol services in a previous study by Langley et al⁹ in Birmingham, England but in this study the focus was on the delivery of weight management advice/services. Further training could strengthen support staff skills to deliver these services.⁹

Strengths and limitations of this study

In this study there was good representation from a variety of support staff roles and pharmacy types, including participation of non-HLPC pharmacy support staff. The age of participants was slightly older and there is also a slight overrepresentation of dispensing assistants and technicians compared to that reported for the wider workforce.¹¹ More of the study sample were part-time workers compared to the wider workforce, and this may have influenced findings around aspects of communication associated with HLP activity within the pharmacy team. All participants were White British females and this data represent the very high dominance of this demography in the workforce.

Previous research highlighted the need to undertake research in rural settings⁶ and hence rural representation adds to the strength of the study. Data saturation was achieved based on researcher views and initial analysis of the data allowing the relevance of the results to be extended to HLP support staff based in rural settings who did not participate in this study.

All interviews were conducted in locations that were conducive to an open discussion with participants. As GD was a pharmacist and the interviewer for the study, this had the potential to create a ‘power’ related bias whereby support staff may have felt unable to reveal their true thoughts and feelings, and given what they perceived to be the ‘correct’ responses. However, GD had no previous acquaintance with any of the participants involved and was mainly introduced to participants in the capacity of a MSc student. By acknowledging, checking, and having a constant awareness, these potential opportunities to create bias, the influences of these factors were minimized.¹²

Recommendations for practice

1. The results demonstrate that involving pharmacy support staff from the outset, i.e. the application process, leads to positive aspirations amongst the staff with regards to engagement with the HLP initiative.
2. Key service facilitators and barriers as identified in this study around access to information and physical space need to be addressed by commissioners and community pharmacists in light of enabling further geographical commissioning regions to take up this initiative.
3. Pharmacy support staff will benefit from further training around proactive or opportunistic delivery of some of the interventions regarded as ‘challenging’ by the study participants such as those around weight management.
4. The HLP program would benefit from some clear aims and objectives against which success can be measured by both commissioners and local pharmacy teams. Guidance on what a public health campaign should look like and practical information on delivery of these would also help standardize what is delivered, whilst maintaining room for local flexibility.
5. Use of local media could potentially be a useful resource in addressing issues around low public awareness of services, which was deemed by study participants to impact on HLP usage by pharmacy clients.
6. There is a scope to involve dispensary based support staff to further engage in service delivery.

Future research

Findings from this study should be explored quantitatively, for example using survey methodology, to establish if the results identified in this study reflect the views of support staff involved in HLP services delivered elsewhere. Theory-based research to further identify key service facilitators and barriers in order to enable behavior changes is essential. Evaluation of patient outcomes is also needed to explore the effectiveness of the services delivered as part of HLP initiative.

Conclusion

The views of pharmacy support staff from this study further support the conclusion that pharmacy support staff can be effectively utilized for the delivery of public health from community pharmacy. Participants described that they are able to integrate public health into traditional pharmacy roles and utilize the resources they have available to deliver a wide range of interventions. Participants also described a wide range of barriers and facilitators to delivering the HLP program and public health activity. Knowledge and skills of support staff, personal engagement of support staff with the initiative and local leadership were all found to be important for successful delivery of the HLP program in this study.

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Appendix 1

Study topic guide

Icebreaker—what HLP activities have you been doing today/this week/what is your next public health campaign etc.

Clarification of 'Public Health' – activities as defined by HLP – smoking cessation and sexual health pharmacy services and the Public Health

Campaign plan for 2013 to demonstrate further examples of the scope of public health for the purposes of the interview.

- From your perspective, what was the process of becoming an HLP?
 - Probe: training received, topics covered, new HLP activities started within the pharmacy.
- Did you worry about becoming an HLP and what were those concerns?
- What challenges did you face during the process of becoming an HLP?
 - Probe: personnel, organization, information, skills, physical resources, local council, patients, other pharmacies, company/business owner, other pharmacy staff, GP surgeries, other local health care professionals/services.
 - Whether and how did you overcome the challenges.
- Was there any other support which would have been helpful for you in becoming an HLP?
- How do you feel now about being part of an HLP?
- How have the patients/community responded to your HLP activities?
 - Example of best intervention/service provided.
 - Example of intervention/service that did not go as well.
- How has your role changed since you became an HLP?
 - What types of activity did you do in your role around public health before the pharmacy became an HLP?
 - Have your responsibilities changed since becoming an HLP?
- How do you think the public health activity fits in with your other pharmacy duties?
 - Medicines sales.
 - Health advice.
 - Dispensing.
 - Checking.
 - Medicines counseling.
 - Business administration.
 - Pharmacy services.
- What do you think about the idea of an HLP?
 - Probe: Benefits, barriers, role of a community pharmacy in public health, role of support staff in delivering public health.